

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation)
Against:)**

Andro Nashaat Sharobiem, M.D.)

Case No. 800-2015-011080

**Physician's and Surgeon's)
Certificate No. A 100752)**

Respondent)

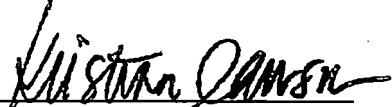
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 26, 2019.

IT IS SO ORDERED March 28, 2019.

MEDICAL BOARD OF CALIFORNIA

By: 
**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
Deputy Attorney General
4 State Bar No. 205340
California Department of Justice
5 300 South Spring Street, Suite 1702
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12
13 In the Matter of the Accusation Against:
14 ANDRO NASHAAT SHAROBIEM, M.D.
P.O. Box 2057
15 Riverside, CA 92516
16 Physician's and Surgeon's Certificate No.
A 100752,
17
18 Respondent.

Case No. 800-2015-011080

OAH No. 2018070837

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California ("Board"). She brought this action solely in her official capacity and is
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
25 Claudia Ramirez, Deputy Attorney General.

26 2. Respondent Andro Nashaat Sharobiem, M.D. ("Respondent") is represented in this
27 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road,
28 Irvine, California 92620.

1 3. On or about July 11, 2007, the Board issued Physician's and Surgeon's Certificate
2 No. A 100752 to Respondent. That Certificate was in full force and effect at all times relevant to
3 the charges brought in Accusation No. 800-2015-011080, and will expire on October 31, 2020,
4 unless renewed.

5 JURISDICTION

6 4. Accusation No. 800-2015-011080 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on January 17, 2018. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2015-011080 is attached as Exhibit A and
11 incorporated herein by reference.

12 ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2015-011080. Respondent has also carefully read,
15 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

17 7. Respondent is fully aware of his legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
19 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of
21 documents; the right to reconsideration and court review of an adverse decision; and all other
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9. Respondent understands and agrees that the charges and allegations in Accusation
27 No. 800-2015-011080, if proven at a hearing, constitute cause for imposing discipline upon his
28 Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 100752 issued to Respondent Andro Nashaat Sharobiem, M.D. shall be and is hereby publicly

1 reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This
2 public reprimand, which is issued in connection with Respondent's care and treatment of Patients
3 A, B, and C, as set forth in Accusation No. 800-2015-011080, is as follows:

4 "From on or about September 18, 2012, to in or around January of 2015, and on or about
5 July 12, 2015, to in or around November of 2015, you managed Patient A's chronic medical
6 problems, chronic pain syndrome, major depression, and anxiety. From on or about September
7 18, 2012, to on or about December 15, 2014, you prescribed controlled substances for chronic
8 pain to Patient A. However, you failed to include a complete pain assessment or develop a
9 comprehensive treatment plan, conducted an inadequate periodic review of long-term opioid
10 therapy, escalated the dose of a controlled substance on one occasion without clinical
11 justification, and failed to conduct a complete harm assessment, as more fully described in
12 Accusation No. 800-2015-011080.

13 In addition, from on or about September 18, 2012, to in or around November of 2015, you
14 maintained inadequate records for Patients A, B, and C, as more fully described in Accusation
15 No. 800-2015-011080."

16 B. PREScribing PRACTICES COURSE. Within 60 calendar days of the effective
17 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
18 advance by the Board or its designee. Respondent shall provide the approved course provider
19 with any information and documents that the approved course provider may deem pertinent.
20 Respondent shall participate in and successfully complete the classroom component of the course
21 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
22 complete any other component of the course within one (1) year of enrollment. The prescribing
23 practices course shall be at Respondent's expense and shall be in addition to the Continuing
24 Medical Education (CME) requirements for renewal of licensure.

25 A prescribing practices course taken after the acts that gave rise to the charges in the
26 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
27 or its designee, be accepted towards the fulfillment of this condition if the course would have
28 been approved by the Board or its designee had the course been taken after the effective date of

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than 15 calendar days after successfully completing the course, or not later than
4 15 calendar days after the effective date of the Decision, whichever is later.

5 C. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the
6 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
7 approved in advance by the Board or its designee. Respondent shall provide the approved course
8 provider with any information and documents that the approved course provider may deem
9 pertinent. Respondent shall participate in and successfully complete the classroom component of
10 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
11 successfully complete any other component of the course within one (1) year of enrollment. The
12 medical record keeping course shall be at Respondent's expense and shall be in addition to the
13 Continuing Medical Education (CME) requirements for renewal of licensure.

14 A medical record keeping course taken after the acts that gave rise to the charges in the
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
16 or its designee, be accepted towards the fulfillment of this condition if the course would have
17 been approved by the Board or its designee had the course been taken after the effective date of
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the course, or not later than
21 15 calendar days after the effective date of the Decision, whichever is later.

22 D. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar
23 days of the effective date of this Decision, Respondent shall enroll in a clinical competence
24 assessment program approved in advance by the Board or its designee. Respondent shall
25 successfully complete the program not later than six (6) months after Respondent's initial
26 enrollment unless the Board or its designee agrees in writing to an extension of that time.

27 The program shall consist of a comprehensive assessment of Respondent's physical and
28 mental health and the six general domains of clinical competence as defined by the Accreditation

1 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
2 Respondent's current or intended area of practice. The program shall take into account data
3 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
4 Accusation(s), and any other information that the Board or its designee deems relevant. The
5 program shall require Respondent's on-site participation for a minimum of three (3) and no more
6 than five (5) days as determined by the program for the assessment and clinical education
7 evaluation. Respondent shall pay all expenses associated with the clinical competence
8 assessment program.

9 At the end of the evaluation, the program will submit a report to the Board or its designee
10 which unequivocally states whether the Respondent has demonstrated the ability to practice
11 safely and independently. Based on Respondent's performance on the clinical competence
12 assessment, the program will advise the Board or its designee of its recommendation(s) for the
13 scope and length of any additional educational or clinical training, evaluation or treatment for any
14 medical condition or psychological condition, or anything else affecting Respondent's practice of
15 medicine. Respondent shall comply with the program's recommendations.

16 Determination as to whether Respondent successfully completed the clinical competence
17 assessment program is solely within the program's jurisdiction.

18 If Respondent fails to enroll, participate in, or successfully complete the clinical
19 competence assessment program within the designated time period, Respondent shall receive a
20 notification from the Board or its designee to cease the practice of medicine within three (3)
21 calendar days after being so notified. The Respondent shall not resume the practice of medicine
22 until enrollment or participation in the outstanding portions of the clinical competence assessment
23 program have been completed. If the Respondent did not successfully complete the clinical
24 competence assessment program, the Respondent shall not resume the practice of medicine until a
25 final decision has been rendered on the accusation.

26 E. Failure to comply with any of the terms of this Disciplinary Order constitutes
27 unprofessional conduct.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

12/20/2018

ANDRO NASHAAT SHAROBIEM, M.D.
Respondent

I have read and fully discussed with Respondent Andro Nashaat Sharobiem, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

12/21/18

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

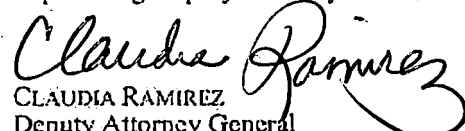
The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

12/21/18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General


CLAUDIA RAMIREZ
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-011080

1 XAVIER BECERRA
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2 E. A. JONES III
Supervising Deputy Attorney General
3 CLAUDIA RAMIREZ
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4 State Bar No. 205340
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Jan. 17 20 18
BY San Pasion ANALYST

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2015-011080

13 ANDRO NASHAAT SHAROBIEM, M.D.
P.O. Box 2057
Riverside, California 92516

A C C U S A T I O N

14 Physician's and Surgeon's Certificate
15 No. A 100752,

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs ("Board").

23 2. On or about July 11, 2007, the Board issued Physician's and Surgeon's Certificate
24 Number A 100752 to Andro Nashaat Sharobiem, M.D. ("Respondent"). That Certificate was in
25 full force and effect at all times relevant to the charges brought herein and will expire on October
26 31, 2018, unless renewed.

27 **JURISDICTION**

28 3. This Accusation is brought before the Board, under the authority of the following

1 laws. All section references are to the Business and Professions Code unless otherwise indicated.

2 4. Section 2227 of the Code provides that a licensee who is found guilty under the
3 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
4 one year, placed on probation and required to pay the costs of probation monitoring, or such other
5 action taken in relation to discipline as the Board deems proper.

6 5. Section 2234 of the Code, states:

7 "The board shall take action against any licensee who is charged with unprofessional
8 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
9 limited to, the following:

10 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
11 violation of, or conspiring to violate any provision of this chapter.

12 "(b) Gross negligence.

13 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
14 omissions. An initial negligent act or omission followed by a separate and distinct departure from
15 the applicable standard of care shall constitute repeated negligent acts.

16 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate
17 for that negligent diagnosis of the patient shall constitute a single negligent act.

18 "(2) When the standard of care requires a change in the diagnosis, act, or omission that
19 constitutes the negligent act described in paragraph (1), including, but not limited to, a
20 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
21 applicable standard of care, each departure constitutes a separate and distinct breach of the
22 standard of care.

23 "(d) Incompetence.

24 "(e) The commission of any act involving dishonesty or corruption which is substantially
25 related to the qualifications, functions, or duties of a physician and surgeon.

26 "(f) Any action or conduct which would have warranted the denial of a certificate.

27 "(g) The practice of medicine from this state into another state or country without meeting
28 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not

1 apply to this subdivision. This subdivision shall become operative upon the implementation of the
2 proposed registration program described in Section 2052.5.

3 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
4 participate in an interview by the board. This subdivision shall only apply to a certificate holder
5 who is the subject of an investigation by the board.”

6 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
7 adequate and accurate records relating to the provision of services to their patients constitutes
8 unprofessional conduct.”

9 **FIRST CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts-Patients A, B, and C)**

11 7. Respondent Andro Nashaat Sharobiem, M.D. is subject to disciplinary action under
12 section 2234, subdivision (c), of the Code in that he engaged in repeated negligent acts in the care
13 and treatment of patients A, B, and C. The circumstances are as follows:

14 **Patient A**

15 8. From on or about September 18, 2012, to in or around January of 2015, and on or
16 about July 12, 2015, to in or around November of 2015, Respondent treated Patient A, a seventy-
17 year-old female. During the first office visit, Patient A sought to establish primary care with
18 Respondent. She complained of lethargy, weight gain, and tremors. Respondent’s assessment
19 was abnormal weight gain, Hepatitis C, hypertension, health maintenance, and homocysteinemia.
20 His management plan included laboratory studies, ultrasound of the abdomen/thyroid, Benadryl
21 for itching, hypertension management, and specialty referral for Hepatitis C.

22 9. Respondent saw Patient A on a regular basis until in or around January of 2015 for
23 the management of her chronic medical problems, chronic pain syndrome, major depression and
24 anxiety. Respondent’s management plan for chronic pain included oral opiates and non-narcotic
25 agents. On or about July 12, 2015, Respondent saw Patient A to re-establish care. He treated her
26 until in or around November of 2015 when he released her from his care.

27 10. Patient A received regular prescriptions of opiates and benzodiazepines from
28 Respondent. During this same time period, a number of clinicians prescribed narcotics and/or

1 benzodiazepines to her.

2 11. On or about May 31, 2013, and July 16, 2013, Respondent prescribed
3 APAP/Hydrocodone Bitartrate, 325 mg-10 mg, 120 tablets,¹ and Temazepam 30 mg, 30 tablets.²

4 12. On or about June 10, 2013, Respondent prescribed Hydromorphone-Hydrochloride, 2
5 mg, 90 tablets.³

6 13. On or about June 7, 2013, and August 7, 2013, Respondent prescribed Zolpidem
7 Tartrate, 10 mg, 30 tablets.⁴

8 14. On or about July 25, 2013, Respondent prescribed Zolpidem Tartrate, 5 mg, 30
9 tablets.

10 15. On or about July 29, 2013, and August 26, 2013, Respondent prescribed Alprazolam,
11 0.5 mg, 30 tablets.

12 16. On or about June 6, 2013; September 9, 2013; October 10, 2013; November 12, 2013;
13 and January 6, 2014, Respondent prescribed Temazepam, 30 mg, 30 tablets.

14 17. On or about September 20, 2013, and October 28, 2013, Respondent prescribed
15 Diazepam, 5 mg, 30 tablets.

16 18. On or about January 8, 2014, Respondent prescribed APAP/Hydrocodone Bitartrate,
17 325 mg-10 mg, 150 tablets.

18
19 ¹ **Hydrocodone/Acetaminophen** (Norco, Lortab, Vicodin) is an opioid pain medication.
20 It is a Schedule II controlled substance as defined by 21 Code of Federal Regulations part
21 1308.12(b)(1)(vi) and Health and Safety Code section 11055, subdivision (b)(1)(I). It is a
22 dangerous drug as defined in Business and Professions Code section 4022.

23 ² **Benzodiazepines** are a class of drugs that produce Central Nervous System depression
24 and are most commonly used to treat insomnia and anxiety. They include **alprazolam** (e.g.,
25 Xanax), **lorazepam** (e.g., Ativan), **diazepam** (e.g., Valium), and **temazepam** (Restoril). They are
26 Schedule IV controlled substances as defined by 21 Code of Federal Regulations part
27 1308.14(c)(2), (c)(16), (c)(30), (c)(5) and California Health and Safety Code section 11057,
28 subdivisions (d)(1), (d)(9), (d)(16), and (d)(29). They are dangerous drugs as defined in
California Business and Professions Code section 4022.

³ **Hydromorphone Hydrochloride** (Dilaudid) is an opioid pain medication. It is a
Schedule II controlled substance as defined by 21 Code of Federal Regulations part
1308.12(b)(1)(vii) and California Health and Safety Code section 11055, subdivision (b)(1)(J). It
is a dangerous drug as defined in California Business and Professions Code section 4022.

⁴ **Zolpidem** (Ambien) is a sedative, also called a hypnotic. It is used to treat insomnia. It
is a Schedule IV controlled substance as defined by 21 Code of Federal Regulations part
1308.14(c)(54) and California Health and Safety Code section 11057, subdivision (d)(32). It is a
dangerous drug as defined in California Business and Professions Code section 4022.

1 19. On or about December 9, 2013, Respondent prescribed Temazepam, 30 mg, 30
2 tablets, and APAP/Hydrocodone Bitartrate, 325 mg-10 mg, 150 tablets.

3 20. On or about February 5, 2014; February 28, 2014; and March 25, 2014, Respondent
4 prescribed APAP/Hydrocodone Bitartrate, 325 mg-10 mg, 150 tablets, and Temazepam 30 mg, 30
5 tablets.

6 21. On or about April 28, 2014; June 5, 2014; and September 4, 2014, Respondent
7 prescribed APAP/Hydrocodone Bitartrate, 325 mg-10 mg, 150 tablets.

8 22. On or about April 30, 2014; June 3, 2014; July 7, 2014; August 5, 2014; and
9 September 3, 2014, Respondent prescribed Temazepam 30 mg, 30 tablets.

10 23. On or about June 17, 2014; July 24, 2014; and August 7, 2014, Respondent
11 prescribed Hydromorphone-Hydrochloride, 2 mg, 120 tablets.

12 24. On or about September 18, 2014, Respondent prescribed Hydromorphone-
13 Hydrochloride, 8 mg, 120 tablets.

14 25. On or about July 24, 2014, Respondent prescribed Lorazepam, 1 mg, 90 tablets.

15 26. On or about September 16, 2014, and December 15, 2014, Respondent prescribed
16 Diazepam, 10 mg, 30 tablets.

17 27. On or about October 2, 2014, Respondent prescribed Diazepam, 10 mg, 60 tablets.

18 28. On or about October 28, 2014, Respondent prescribed Diazepam, 10 mg, 14 tablets,
19 and APAP/Hydrocodone Bitartrate, 325 mg-10 mg, 56 tablets.

20 29. On or about November 11, 2014, Respondent prescribed APAP/Hydrocodone
21 Bitartrate, 325 mg-10 mg, 120 tablets, and Diazepam, 10 mg, 30 tablets.

22 30. On or about December 15, 2014, Respondent prescribed Alprazolam, 1 mg, 90
23 tablets, and APAP/Hydrocodone Bitartrate, 325 mg-10 mg, 120 tablets.

24 31. Respondent committed a departure from the standard of care with respect to his
25 prescribing of opioids for chronic pain to Patient A. He failed to include a complete pain
26 assessment. He poorly documented functional status, accurate exam findings in the area of
27 reported pain, previous diagnostic evaluation, and prior treatment. Respondent failed to develop a
28 comprehensive treatment plan, including pain and functional goals. He re-filled controlled

1 substances at regular intervals without attempts to taper or assess appropriateness for continued
2 use. A significant escalation of the Hydromorphone dose from 2 mg to 8 mg during the
3 September 16, 2014, office visit was not clinically justified and posed significant patient risk.
4 Controlled Substance Utilization Review and Evaluation System ("CURES")⁵ review, informed
5 consent, and urine drug testing were not evident in the medical record. Respondent's medical
6 record for Patient A did not include examination of areas of reported pain or psychiatric
7 assessment. He poorly documented the medical indication for controlled substance dose
8 escalation.

9 32. Respondent also committed a departure from the standard of care when he failed to
10 maintain adequate and accurate medical records for Patient A.

11 Patient B

12 33. From in or around February 2014, to in or around November of 2015, Respondent
13 treated Patient B, an eighty-seven-year-old male. He saw Patient B during regular monthly visits
14 for the management of chronic medical conditions, anxiety, and depression. He regularly
15 prescribed multiple benzodiazepines for a prolonged period of time. The benzodiazepines
16 included Alprazolam 0.5 mg (15 tablets); Alprazolam 1 mg (ranging from 15 to 120 tablets);
17 Lorazepam 1 mg (ranging from 15 to 120 tablets); Lorazepam 2 mg (ranging from 120 to 132
18 tablets); Lorazepam 2 mg/mL (18 mL); Diazepam 5 mg (ranging from 15 to 16 tablets); and
19 Temazepam 15 mg (30 tablets). He also prescribed Zolpidem 5 mg and Promethazine-Codeine
20 Syrup 6.25-10 mg/5 mL (360 mL).⁶ A number of clinicians prescribed multiple controlled
21 substances to Patient B during this same time period. Respondent performed a limited assessment
22 of Patient B's anxiety and depression.

23 ⁵ CURES refers to the Controlled Substance Utilization Review and Evaluation System,
24 which is a government database containing information on Schedule II through IV controlled
substances dispensed in California.

25 ⁶ **Promethazine with Codeine** (Phenergan with Codeine) is a combination medicine used
26 to treat cold or allergy symptoms. Codeine is a pain reliever and cough suppressant.
27 Promethazine is an antihistamine. Substances containing not more than 200 milligrams of
28 codeine per 100 milliliters or 100 grams are Schedule V controlled substances as defined by 21
Code of Federal Regulations part 1308.15(c)(1) and California Health and Safety Code section
11058, subdivision (c)(1). It is a dangerous drug as defined in Business and Professions Code
section 4022.

1 34. Respondent committed a departure from the standard of care when he failed to
2 maintain adequate and accurate medical records for Patient B. He prescribed multiple
3 benzodiazepines to Patient B for anxiety, depression, and insomnia. He performed the initial and
4 subsequent follow-up assessments, but his documentation of these assessments was poor and
5 incomplete. Psychiatric examinations, appropriateness of continued use of benzodiazepines,
6 informed consent, consideration for psychiatric consultation, and risk assessment were not evident
7 in the medical record for Patient B.

8 Patient C

9 35. From on or about February 20, 2013, to approximately the present, Respondent
10 treated Patient C, a sixty-year-old female. During the first office visit, she had complaints of
11 anxiety and worsening depression. Respondent's assessment was chronic, recurrent major
12 depressive disorder, fibromyalgia, hypertension, right knee pain, osteoarthritis, health
13 maintenance, and morbid obesity. His management plan included Lorazepam, oral opiates, and
14 X-ray of the knee.

15 36. Respondent saw Patient C on a regular basis. He managed her chronic medical
16 conditions, chronic pain from osteoarthritis, carpal tunnel syndrome, and lumbar degenerative
17 joint disease. Respondent regularly prescribed opiates to her for a number of chronic pain
18 indications including knee osteoarthritis, fibromyalgia, and multi-level degenerative joint disease
19 of the spine and plantar fasciitis. He prescribed Hydrocodone Bitartrate and Acetaminophen 325
20 mg-5 mg (ranging from 120 to 240 tablets); Hydrocodone Bitartrate and Acetaminophen 325 mg-
21 10 mg (ranging from 120 to 240 tablets); Tramadol Hydrochloride 50 mg (180 tablets);⁷ and
22 Nucynta Extended Release 100 mg (60 tablets).⁸ He also prescribed Lorazepam 0.5 mg (90
23 tablets) and Phentermine HCL 15 mg (30 tablets).

24
25 ⁷ **Tramadol** (Ultram) is a narcotic-like pain reliever. It is a Schedule IV controlled
26 substance as defined by 21 Code of Federal Regulations part 1308.14(b)(3). It is a dangerous
27 drug as defined in California Business and Professions Code section 4022.

28 ⁸ **Tapentadol Extended-Release Tablets** (Nucynta ER) is an opioid pain medication. It
is a Schedule II controlled substance as defined by 21 Code of Federal Regulations part
1308.12(c)(28). It is a dangerous drug as defined in California Business and Professions Code
section 4022.

37. Respondent committed a departure from the standard of care when he failed to maintain adequate and complete medical records for Patient C. Respondent's electronic medical records consistently documents normal examinations despite her complaints of poorly controlled pain and his escalation of analgesic classes. Respondent's pain assessment and treatment plan were incomplete in that they were missing key items, including functional status, goals for pain and function, and patient risk assessment for chronic narcotic use.

38. Respondent's acts and/or omissions as set forth in paragraphs 8 through 37, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234, subdivision (c), of the Code with respect to patients A, B, and C. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Inadequate and Inaccurate Recordkeeping-Patients A, B, and C)

39. Respondent Andro Nashaat Sharobiem, M.D. is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records with respect to patients A, B, and C. The circumstances are as follows:

40. The facts and allegations in Paragraphs 8 through 37, above, are incorporated by reference and re-alleged as if fully set forth herein.

41. Respondent's acts and/or omissions as set forth in paragraph 40, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute inadequate and inaccurate record keeping pursuant to section 2266 of the Code with respect to patients A, B, and C. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct--Patients A, B, and C)

42. Respondent Andro Nashaat Sharobiem, M.D. is subject to disciplinary action under section 2234 of the Code for unprofessional conduct with respect to patients A, B, and C. The circumstances are as follows:

43. The facts and allegations in Paragraphs 7 through 41, above, are incorporated by reference and re-alleged as if fully set forth herein.

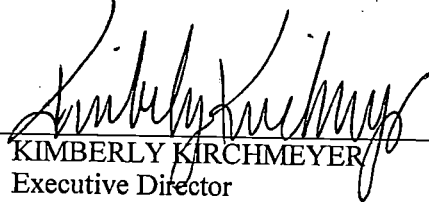
1 44. Respondent's acts and/or omissions as set forth in paragraph 43, inclusive above,
2 whether proven individually, jointly, or in any combination thereof, constitute unprofessional
3 conduct pursuant to section 2234 of the Code with respect to patients A, B, and C. Therefore,
4 cause for discipline exists.

5 **PRAYER**

6 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
7 and that following the hearing, the Medical Board of California issue a decision:

- 8 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 100752,
9 issued to Respondent Andro Nashaat Sharobiem, M.D.;
- 10 2. Revoking, suspending or denying approval of Respondent Andro Nashaat Sharobiem,
11 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 12 3. Ordering Respondent Andro Nashaat Sharobiem, M.D., if placed on probation, to pay
13 the Board the costs of probation monitoring; and
- 14 4. Taking such other and further action as deemed necessary and proper.

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16
17 DATED: January 17, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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